

resident graduates, we will provide an additional 12.5 percent of the cost for each year a graduate practices family medicine in Nebraska up to three years. The final 12.5 percent of the cost will be funded if the graduate practices family medicine in a county with less than 20,000 residents. So with this bill, we create a great incentive for the institutions to recruit residents who they feel will practice in Nebraska, and especially in rural Nebraska. They will also have incentives to emphasize rural practice to their residents during their three years of training. I think the program we now have, which provides loan forgiveness to medical students for rural practice are fine, and I've always supported them, but we have to be realistic about how much impact these programs have. Too often an out-of-state entity can essentially buy out this loan forgiveness obligation, or the student has a change of heart during his or her time in school. By focusing incentives on the institutions, we add extra insurance that residency candidates will be chosen who can be placed in the rural areas and emphasis will be placed on rural practice during training. Finally, I would like to discuss the need, not only for rural physicians, but also the overall need for primary care physicians. One of the major points made in First Lady Hilary Clinton's Lincoln speech was that only 30 percent of our practicing physicians are in primary care; only 15 percent of our medical students are choosing primary care as their field. I have also passed out to you an article in which former Surgeon General C. Everett Koop makes the same point. We are working very hard to reverse this trend at the medical school level with RHEN and RHOP, but we need to take the additional step of providing more opportunities for Nebraska-based family practice residency training. Please don't assume that this is only a rural problem. Lincoln, Omaha, Grand Island, Scottsbluff also need primary care physicians. This is why we did not make the funding of this bill totally dependent on rural practice. Also, I truly believe that correcting the shortage of primary care physicians can help to keep health care costs down, not only for injecting competition but also by allowing services to be provided promptly and locally. In the long run, fewer people will allow health problems to escalate due to the difficulty of seeing a doctor. Fewer people will have to travel to obtain services, which lowers the cost of service to them. For the reasons I have given, please make the investment necessary to improve Nebraska's environment for family practice residency training. Please provide this final, critical step in our efforts to recruit and train quality family physicians for the citizens of